Parkcare Homes Limited

Rose Lodge Care Home

Inspection report

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14 September 2017
21 September 2017

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We inspected this service on the 13, 14 and 21 September 2017. The first day of the inspection was unannounced which meant the home were not expecting us on the date of the inspection.

Rose Lodge Care Home provides nursing and residential care for up to 40 older people. At the time of the inspection there were 26 living in the home. Nineteen of these received residential support and seven received nursing care. The home is located in the middle of a residential area in Banks a small town near Southport, Lancashire. The home is situated in its own grounds and is a large single story building with landscaped gardens to the sides and rear of the property. The accommodation is provided over three wings, with all rooms having access to their own en-suite bathroom facilities.

There are large communal areas including two lounges and a dining room. The kitchen and laundry facilities are accessible to cater for the needs of the people living in the home.

The home was last inspected on 10 July 2015. At this inspection the home was found to be in breach of one of the regulations associated with person centred care. We gave two recommendations for improvements in recruitment and the gathering of formal consent. The home was rated as requires improvement overall and requires improvement for four of the key questions, namely safe, effective, responsive and well led. We rated the home good in the caring key question.

At this inspection we have again rated the home as requires improvement overall but acknowledge the home's new manager is beginning to address concerns noted. There had been some detrimental practices at the home since the last inspection which have impacted on the current quality of the service provided. However the provider and manager have developed action plans and ongoing evaluation to ensure concerns are addressed.

We found the home had met the previous breach in person centred care as people told us they could have baths when they wanted them and had them regularly. We did however note that records of this were poor. We found concerns with a number of the records made which included inconsistencies and contradictions. We also found the home had not effectively audited this to ensure improvements were made. We found this had not directly impacted on the support people received at the time of the inspection but there was a risk it could have. We have found the home in breach of this regulation and have asked the provider to make specific and focused improvements in this area.

At the last inspection we recommended the provider sought formal consent from the people they were supporting. We found this had not been done at this inspection and have found the home in breach of this regulation. This means the home will be required to develop an action plan on how they intend to make improvements in this area. Action plans are required for all breaches found during inspections.

We also found concerns in the management of medication and noted the home were not always following

best practice guidelines. This was noted partly in the inconsistent completion of the medicine administration records.

We found the home's staff continued to have good relationships with the people they supported and it was evidenced to us that they knew people well. When staff were new to post we saw other staff members supporting them and reviewed that they had been recruited safely.

Staff treated people with dignity and respect and people had choices in their daily lives. People told us, if they had specific requests or preferences, they would be met.

The home had taken appropriate steps to ensure the building and the equipment used was safe and secure. Risk assessments had been completed and action taken to mitigate identified risks. Professionals had tested equipment to ensure it was safe to use. The home had a plan in place in the event of an emergency.

We found the home worked within the principles of the Mental Capacity Act 2005 where people lacked the capacity to consent to their care and treatment and used the Deprivation of Liberty safeguards appropriately to ensure people were both kept safe and were supported in the least restrictive way possible.

People we spoke with liked the food provided in the home and the chef was knowledgeable on people's needs. We saw people who had previously lost weight were now gaining it to maintain a healthy lifestyle. We also saw the chef had supported one person to lose weight and the person was happy with the support they had received.

The manager had gained the trust of the staff at the home and the people in the home including their family members. Everyone we spoke with was positive the home would improve under the new manager.

The new manager had recently registered with the commission and now had a legal responsibility to drive improvements and meet the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The home had gathered the views of the people they supported and taken action where things needed to improve. Where complaints had been made the manager had ensured lessons were learnt from the complaint and took steps to reduce the risks of similar events occurring.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

.Some aspects of the service were not safe.

The home had plans in place for the event of an emergency and staff were trained for these situations. Professional testing of the equipment in the home ensured it was safe.

During the inspection staffing was adequate but people told us they felt there was not enough staff at times. We asked the provider to review the tool used to determine staff levels to ensure it was correctly reflecting people's needs.

Risks to both people in the home and the building were assessed and action had been completed to manage any risks identified.

The management of medication was not always undertaken in line with current best practice guidelines. Monitoring and audits had not always led to improved practice.

Is the service effective?

Requires Improvement

Some aspects of the service were not effective.

We found staff were well supported to complete their roles and received regular formal supervision and support. Training was provided to staff as it was required.

People living in the home were supported with their hydration and nutrition needs. Where concerns were noted in this area, we saw appropriate support was provided by external professionals when required.

The home had begun to apply the principles of the Mental Capacity Act 2005 and we saw examples of both capacity assessments and best interest decisions. However formal consent was mostly not acquired and procedures for gaining consent were not followed.

Is the service caring?

Good

The service was caring.

People we spoke with felt involved with their own care and told us they had choices in how they spent their days.

We saw staff treated people with dignity and respect at all times and saw real compassion from staff towards the people they supported.

Relationships between staff and people in the home were positive and staff knew people well. We were told, of not just how staff met people's needs, but also, how people liked their needs to be met.

Is the service responsive?

Good

The service was responsive

There was not an activity co-ordinator in post during the inspection but we saw staff completing one to one activities when time allowed. People told us they had access to the community and staff did engage in activities with them. The activity coordinator from another service was supporting the home two days a week and the post would be filled shortly after the inspection

We saw some good examples of person centred care. People were asked for their preferences and we were told these were met.

Complaints were managed in line with the homes procedures and we saw the manager implemented the lessons learnt from complaints made.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well led.

The new manager was aware of concerns in the records held and completed at the home to show how the regulated activity was delivered. Monitoring of the service provided to people had not always been effective and new systems and procedures were yet to embed. This meant we could not measure all improvements at the time of the inspection.

The provider had a comprehensive set of policies and procedures which were due to be rolled out with the new staff at the home.

We saw the manager had begun positive and meaningful engagement with people in the home and their family members.

We saw action was taken from the suggestions made during meetings.

The culture and ethos was positive and staff were engaged in moving the served forward.

Rose Lodge Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 13, 14 and 21 September 2017. The first day of the inspection was unannounced so the home did not know we were coming to inspect.

The inspection was completed by two adult social care inspectors and an expert by experience.
An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this instance we used an expert by experience that had knowledge of supporting older people living with dementia.

Prior to the inspection the lead inspector gathered the available information from Care Quality Commission (CQC) systems to help plan the inspection. This included the detail of any notifications received, any safeguarding alerts made to the Local Authority, any complaints or whistle-blowing information received and the detail of the Provider Information Return (PIR) received from the provider. The PIR is submitted to the CQC by the provider and includes details of the provider's perspective on meeting the requirements of the regulations.

During the inspection we reviewed 14 people's care files including supplementary information held in seperate files and located in people's bedrooms. We looked in detail at five files, pathway tracking people's needs from assessment, to care planning and the support provided. We also looked at four staff personnel files to ascertain how staff were recruited to their post and the support they received to fulfil the role for which they were employed. We looked at how staff were supported, including the induction they received when starting their role and the ongoing support they received including training and supervision.

We looked at other records including the detail of five Medicine Administration records, to inform us how people were supported with their medicines and records held by the home to show how people were supported with their diet and nutrition. We looked at management information to show us how the home

was monitored by the management and provider, and how action was taken when concerns were identified.

We spoke with 16 staff including carers and nurses who worked on day and night shifts, the manager, deputy manager and operations director. We spoke with maintenance staff, domestic staff and kitchen staff including the chef.

We spoke with 17 people who lived in the home, some in detail and some just to seek clarity to specific points. We also spoke with three relatives, visiting family at the home.

We looked around the home in people's bedrooms, communal areas and service areas including the kitchen and laundry.

Requires Improvement

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe at the home. Some negative comments were made about staffing and that at times they had to wait for support. One person told us, "Sometimes when I ring the bell, they could be quicker, they are understaffed at times." Another told us staff numbers were ok but said, "A bit more are needed at the weekends."
We reviewed the home's procedures for managing medicines. A nurse that started work at the home in July 2017 had taken responsibility for improving medication management. The nurse and manager were aware of concerns with how medicines were managed and were beginning to take steps to drive improvements. We looked at the bottles and boxes of medicines held at the home and found they were dated at time of opening which ensured all medicines were taken prior to any best before use date. We also saw a system to ensure the safe disposal of medicines.

We checked the stock of two controlled drugs and found they were accurate and controlled drugs were stored securely and safely. The temperature of the fridge used to store medicines was also correctly recorded each day ensuring the consistent temperature of medicines required to be kept cold.

We observed two medicine rounds and saw staff administered medication respectfully and patiently. People were given the option to refuse their medicines. On one of the rounds we observed, we saw three people's medicines were left with them in pots, for them to take themselves. We saw risk assessments had been completed for people taking their own medication but consideration had not been given to the risks associated with signing medication as administrated when the nurse had not observed the medication being taken.

We saw some new procedures had been introduced to reduce the risk of errors. This included a stock count sheet for boxed medication. We noted errors had been identified on these sheets but no further action had been taken. This included errors that had gone on over a number of days. This led us to question if staff had actually counted the medication or simply added the number less that administered. Other forms of audit and checks for medication had been inconsistently completed with some audits not being completed for some time. We also noted the book used to record controlled drugs was in poor condition and not easy to follow. This increased the risk of mistakes.

We reviewed the medicines for those people who required additional monitoring. We found one person had missed an appointment with the anticoagulant clinic and this had been rearranged. We saw one person who required additional blood monitoring weekly had not had it completed since June 2017. We were assured appointments had been made. We also saw that those people who received their medication through a patch applied to their skin were not supported by body maps to allow staff to know the correct positioning of patches and to reposition the patch to aid the best results.

We looked at the MARs used to record medicines once administered. We found that the MARs that were handwritten were not countersigned by two members of staff to ensure the accuracy of the prescription and administration. We saw that not all MARs held a front sheet identifying the person with a photograph to

reduce the risks of mistakes. This was of particular importance when there were new or agency staff administering medicines. We saw gaps in two of the five MARs we looked at in detail and one of those indicated one person had run out of a prescribed medicine.

People's medicine records were not accurately kept and risks associated with medicine administration or management were either not assessed or actioned including monitoring required determining accurate medication doses. Audits were inconsistent and procedures were not always clearly defined to staff whose competency had been tested. Concerns in the recording, administering and monitoring of medicines have led to a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how the home assessed the numbers of staff required to meet people's needs. We saw the home used a dependency tool which scored each area of need, from assessments completed and then calculated an overall dependency level. The tool clearly assessed each individual to determine the score used. However, we did see occasions when the score was not consistent with the individual assessment. For example one person's assessment scored them as very high risk (22) for pressure damage risk and the dependency assessment scored them as medium risk (16). The support required for the individual was determined on their risk. For example, someone who was very high risk could receive pressure relief every two hours and someone who was medium risk may only require pressure relief support every four hours. This obviously had an impact on staff time.

We reviewed staffing levels over the course of the inspection and found that staff were busy but people's needs were predominantly met in a timely way. We were told there had been a high turnover of staff recently and many staff were relatively new to post. This meant that they were not yet familiar with the needs of all people and were therefore slower to provide support. We were assured this would improve once staff became more knowledgeable on people's needs. We observed one staff member showing a newer staff member the white board in the office. This board was used to identify people's high level needs including their needs in respect of diet, mobility, capacity and morbidity. This allowed the newer staff member an at a glance way of determining people's high level needs and would be a good reference point in their first few weeks in post. Staff also read the detail of people's needs in their care files.

We reviewed more of the dependency tools used to determine staff levels and found staff were completing assessments differently. This included some staff recording the highest score for an area of need and other staff accumulating the score of the entire person's needs. We recommend the provider reviews the dependency tool and ensures the current staffing levels can maintain good quality support to people in the home. We understand recruitment is ongoing and staff felt when the home was fully recruited the shifts would be adequately supported. We were assured agency staff would be used as required until that time.

We reviewed the procedures the home followed to ensure people were protected from abuse and harm. Residential settings often use restrictive practice to help keep people safe. This includes bedrails and chairs that tip back, to ensure people do not try and stand, when they are no longer able to understand they are at risk of serious injury because they cannot independently mobilise. We found people at Rose lodge were supported in this way. However, whilst risk assessments had mostly been completed to show the equipment was safe to use, this was not person centred. Appropriate consent for the use of the equipment had not been acquired when people hadn't the capacity to give it themselves. We discussed this on the day of the inspection and saw best interest paperwork was completed that day. However, best interest decisions should not made in isolation and consideration needed to be given to the process of assessment and decision making around specific decisions. This would ensure they are the least restrictive option in each individual's circumstances. We recommend the provider ensures suitable and comprehensive assessment

and decision making is carried out at the point restrictive practice is considered a possibility for better supporting people.

Staff were generally knowledgeable in safeguarding and we were told training was available and staff had attended. There had been a recent culture shift at the home and staff told us they were more confident in raising any concerns with the new manager. Staff told us where concerns had been raised the new manager had responded appropriately and situations had improved for both staff and people living in the home.
We have recommended the new manager reviews the new guidance from the Local Authority on safeguarding referrals and revisits the CQC website for information around when to notify the commission of other incidents including safeguarding notifications.

We saw each person in the home had a Personal Emergency Evacuation Plan. This gave staff information on how to support people in the event evacuation of the building became necessary. The plans contained some good information about how individuals would react in these circumstances giving staff further guidance on how to emotionally support people in these circumstances. We noted that of the 26 people in the home, 15 of them required the support of two staff. It would not be possible for people to be evacuated from the home in a timely manner. The PEEPs were reviewed every four months. A fire evacuation plan was available which gave good direction to staff around the details of fire refuge areas and safe zones.
We recommend this is included within the PEEPs to allow the practicalities of the evacuation to be better understood and managed by staff. This would allow clear guidance on the staged evacuation if this was ever required.

Fire risk assessments had been completed internally and externally by professionals in that field. We saw where actions had been identified these had been completed. The monitoring of the fire equipment took place as required and recommended and fire drills had been completed. The home had trained fire marshals on each shift.

At the last inspection we made a recommendation around the recruitment of staff and asked that references were validated by the recruitment team. We saw this was completed at this inspection. We reviewed four personnel files and found staff were recruited fairly and equitably. We saw appropriate checks had been made on the suitability of staff including checks with the DBS and the collection of suitable references. We found recruitment files were well organised and information was easily found to show us people were suitable for employment.

We saw risk assessments had been completed for the environment and health and safety assessments and actions had been signed off. We saw the professional testing of equipment and installations including the hoists, gas and electrical installations, legionella, asbestos and slings. We saw the maintenance team completed monthly checks on window restrictors, the nurse call bell system, baths and showers and water temperatures. However, we did note one person's mattress said, "In need of servicing" on the display and we did not see any evidence of the profile beds being tested. We were assured this would be completed.

We saw people's needs and associated risks were assessed prior to arrival at the home. These were revisited after a short stay in the home to confirm the assessment was accurate following placement at the home. We saw these were reviewed monthly or as needs changed to ensure correct support was provided to keep people safe. As earlier in the section we did see occasions where there were some inconsistencies in these assessment and those used to determine the dependency levels of people in the home and have recommended these are reviewed.

We looked at the home's records for accidents and incidents and found records were comprehensive and

incidents were investigated. Following a fall, people were observed to ensure there were no delayed signs of trauma and people had no side effects from the fall. Accidents and incidents were coded and categorised to identify themes and trends. We didn't see any evidence on the analysis of any identified themes or trends or the action taken and were assured this would be better recorded moving forward.

The home was in the process of a programme of redecoration. Some of the carpets were in need of immediate replacement and one was replaced during the inspection. We were told a domestic staff member had been off recently and this had led to a delay in some cleaning duties throughout the course of the day. But, the home was generally kept clean and tidy and we were assured the staff member was due to return imminently. We saw cleaning schedules in place to monitor the home's cleanliness.

We saw there was available personal Protective Equipment (PPE) for staff to use when supporting people with their personal care and continence needs.

Requires Improvement

Is the service effective?

Our findings

We asked people what they thought of the food served at the home. People told us it was good and they got a choice. One person said, "Most of the time the food is very good, always get a couple of choices." We asked people what they thought of the staff and people told us the staff were kind to them. One person who was quite new to the home told us, "Staff have really helped me settle in, I'm getting into my routine now."

We looked at the available formal consents acquired from people in the home for the support they received. At the last inspection we recommended the provider took action to ensure consents for care and support were acquired as many were missing. We found at this inspection consents were still missing in over 70% of the files we looked in. We also saw some consents had been signed by the person's next of kin without the authority of being assigned their power of attorney or a recorded best interest decision.

We looked at consents for the administration of medication, the agreement to the care plans, consent for photography, consent on admission, media consent and vaccine consent. We found forms were rarely signed by the person in the home. People should sign their own consents unless they are assessed as being unable to understand the decision being asked of them. We did not find decision specific assessments for most of the before-mentioned consent requests and in only one occasion we saw a consent signed by the person in the home.

The consent on admission template included guidance on the completion of decision specific assessments to acquire consents and also identified the potential of best interest decisions if required. We found the home had not taken the necessary steps to acquire formal consent from people living in the home. We found assessments of people's capacity to give consent had not been completed prior to consents being signed by family members and we found family members did not always have the authority to give consent on behalf of their relative. This is a breach of Regulation 11 of the Health and Social Care Act HSCA 2008 (Regulated Activities) Regulations 2014.

We found the home had undertaken best interest meetings to ascertain action to be taken or decisions made, were in the person's best interest. These included decisions around whether to implement a DNACPR (Do Not Attempt Cardiac Pulmonary Resuscitation).

We saw one person at the home who clearly did not want to be in the home. They wanted to be home with their family. The home had organised an advocate to support the person. The advocate had completed an assessment to determine if living in the home was in the person's best interest. The person had signed in agreement and acknowledgment that they could not live independently.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We saw the home had made 12 DoLS applications for people in the home. One had been authorised. The home had been contacting the DoLS team weekly to ascertain the assessment process for their applications. We found where an application had been made but not granted the home had undertaken a best interest meeting with family members and relevant others to agree the request. DoLS applications made were the standard authorisations for 24 hour support and supervision within an environment with restricted access and exit.

We reviewed the information held to support people with their nutrition and hydration. We saw people were routinely weighed monthly unless significant weight loss had been identified then this increased to a weekly routine. We saw when people lost weight additional measures were put into place to determine the rationale. This initially included increased monitoring of the person's diet. We looked at the monitoring information used to record the quantity and type of food eaten. We found the records required more thought.

We recommend the provider reviews the paperwork used to support people with their nutrition and hydration with staff ensuring they understand the information required from the paperwork.

Additional assessments were undertaken to determine if the person's weight had decreased suddenly and if any additional risks were identified including increased risk of choking or risks of deficiencies due to a lack of dietary intake.

We saw the home made appropriate contact with the GP to request referrals to the dietician or the SALT (Speech and Language Team) to access specific and specialist support. We saw when this support was gained and specific programmes were introduced these were followed by the staff at the home.

In the four months prior to the inspection some people had lost large amounts of weight. We saw that following intervention by the home these people were beginning to gain weight.

The chef had access to information around people's dietary needs and those at risk of weight loss. They were able to tell us the special diets required and who at the time of the inspection was in receipt of fortified foods and drinks to support weight gain. When food and drink is fortified it is usually rich in dairy products to increase the calorific value of the food or drink.

The home had a standard four weekly menu with two choices each day. People living in the home told us they could have something else if they didn't like anything on the menu. The chef had information about people's preferences and whether anyone liked smaller or larger portions of food. One person told us they had been supported to lose significant amounts of weight and were very happy with the outcome after losing over three stone.

We spoke with staff about the support they received to enable them to undertake their role. Staff told us when they first started working at the home they had a period of time on induction which could be extended if they wanted. We were told the induction included training to become a fire marshal, included a minimum

of two days shadowing other staff and the completion of on line training. We were also told practical training was provided for moving and handling.

Staff told us the provider supported them to gain care specific qualifications including the care certificate and vocational qualifications in care. We spoke with agency staff who also told us they were supported well and had completed an induction.

We saw a file which included the notes for 'take ten' meetings that should take place each day. The meeting was time out of the day to discuss any staffing concerns, any risks, both clinical and non-clinical; it discussed admissions, activities and catering. The meetings had improved in quality and frequency in the month prior to the inspection.

The new manager had been in place approximately two months prior to the inspection. We saw they had held two team meetings in that time and another was scheduled for the day after the inspection. We saw staff had begun to have regular supervision and group supervision also took place when concerns needed to be shared and discussed. We saw in the minutes of the meetings that conversations were honest and issues were shared explored and solutions sought.

People mostly told us staff were able to meet their needs. On the day of the inspection we heard one person request a bath. We heard them request it at least three times before lunch time. We spoke with this person and they told us their family were coming to see them and they wanted a bath before they came. Staff had told this person they would do it shortly on two occasions but they had still not received their bath by lunch time. We spoke with the manager about this and they immediately completed supervision with the staff member explaining that they should only engage with honest discourse with people in the home. So if they anticipated they would not be able to bath the person shortly then they should have given the person more specific information and indeed if they had said they would support them with a bath shortly that is what needed to happen.

We saw the home made referrals as required to support people including as noted above to the dietician and SALT. We were also told the chiropodist visited as did an optician. We saw from people's files that referrals were made to the falls team and mental health team if required.

The home had been purpose built as a care home and accommodates and supports people at ground level. Corridors were wide making the home accessible to people in wheelchairs. The home is in process of refurbishment and there is some good use of signage and colours for people living with early onset dementia. The provider is undertaking review of the care home in line with best practice guidance for the environment redecoration and refurbishment.

Good

Is the service caring?

Our findings

Throughout the inspection we observed positive and caring relationships between staff and people in the home. People we spoke with complimented the staff who cared for them. One person told us, "You couldn't wish for better." Another said, "I think they are good, they chat to you and make a fuss of you."

We spoke with staff about the people they supported. Staff told us of people's needs and could clearly define how best to support people. We were told how people liked to be supported as well as how they needed to be supported. This showed us staff took into consideration people's feelings about the support they received.

One person was uncommunicative and staff told us how they could communicate with them without words. The staff member described the facial expressions the person used to show agreement or discontent. The staff member told us how they kept eye contact with the person when they are providing support ensuring they are able to read if the person is in pain or becomes upset. We were told the person will sometimes squeeze their hand and we could see the staff member appreciated this.

We sat in on a handover of staff from one shift to the next. We heard staff talk with genuine concern about the people who were poorly or were experiencing difficulties. We also heard staff show excitement at someone's birthday and presenting them with a cake.

People we spoke with felt they could influence their care and people told us if they were not happy with their care they would say something for things to be changed. We noted each person had a framed picture of their written preferences and support needs. This included how they liked their tea or coffee, whether they wore glasses and if they had a preference for male or female carers. We spoke with two of the people in the home about the contents in the frame. Each told us the information was correct. One person who only liked female carers told us, "That is what I want and that is what I get."

We asked people if they had seen their care plan. Three people told us their family look in the file in their room but no one told us they had seen their care plan held in the office.

People told us they could get up when they wanted and go to bed when they wanted. One person told us they preferred to stay in their room in the evening so they could watch what they wanted on the television.

We saw that staff knocked on people's doors before entering their room and when people were in communal areas and required personal support staff took them discreetly to their room to provide it. People told us staff respected their privacy.

We observed records which told us of three people who were required to wear their glasses at all times. We checked and found all three had their glasses on.

Everyone in the home looked well presented in clean clothes and with their hair combed. We were told the

hairdresser visited twice weekly and people enjoyed visiting the salon in the home.

We spoke with three visitors who all told us they could visit at any time. They told us staff always made them feel welcome and they were never rushed to leave at the end of the day.

One person living in the home was coming to the end of their life. All staff we spoke with knew who this person was and knew there was support in place if required. End of life training was not part of the mandatory training at the home but staff we spoke with, knew services to contact for support.

Good

Is the service responsive?

Our findings

We spoke to people who had lived in the home for a number of years and people who had only lived in the home a number of weeks or months. People were generally positive. One person told us, "I've been here over two years and my only real complaint is my socks go missing." Another person told us, "We get out in the minibus occasionally but the lady who took us hasn't been around for a while."

We asked the manager about the activities available to people in the home. The home had been without an activity coordinator and one was in the process of being recruited. An activities co-ordinator came to cover the home for two days a week and the staff attempted to deliver some activities as and when their time allowed. Over the course of the inspection there was little in the way of group activities but we did see one to one interactions take place over books and puzzles. On each afternoon we heard staff discuss with people if they would like to watch a movie or listen to music and the decision made by people was respected.

We saw each person had a one page profile identifying their key needs and preferences framed in their room and to the front of their file. However, we saw two of these were not consistent with the information within their file. This included a contradiction in one person's dietary needs. We checked to ascertain how their food was prepared and found it was prepared in line with their needs. As discussed in the safe key question we did find inconsistencies in some of the assessments in people's files and upon investigation this was borne out of staff completing the records differently. We discussed this with the manager who had not been aware. We were assured they would undertake immediate communications with all staff responsible for completing assessments to ensure they were all completing them consistently and correctly.

Handovers were comprehensive and included detail of people's ongoing needs, appointments required and new information received on better supporting people. The daily 'take ten' meetings ensured staff were aware of what needed to be done and any barriers to the completion of people's needs were explored and mitigated. People we spoke with told us their needs were being met and we did not see anyone who was at risk on the day of the inspection. We were assured people's needs were being met.

At the last inspection we found the home in breach of Regulation 9, person centred care. Of particular concern was that people were not supported with their bathing or showering preferences. We looked into this at this inspection. Everyone told us they were supported with their baths or showers as requested and that they could request one and they could have one. However, as noted above we heard one person request a bath during the day of the inspection which was not provided as requested. We spoke to this person about this and were told on that day they wanted one specifically because their family were visiting. They did get the bath but did not get it prior to their family visiting. We asked about other occasions when they requested a bath and were told when they requested one, they would get it. They told us, "I might just have to wait until staff were less busy but it is always the same day I request it." On the first day of the inspection a staff member had called in sick and the post was not covered until early in the afternoon. This meant staff may have been too busy in the morning to support this lady with her bath. However as noted above this should have been shared with her to ease any anxiety.

We looked at people's care plans and saw some good person centred information. This included detail of people's preferences in diet, night time routine, bathing and choice of carers. We saw each person's needs had been assessed and any risks associated with those needs had a developed plan on how to mitigate the risk and meet the needs. We saw care plans included thoughts and feelings of people in certain situations including when being supported with the hoist and when their medication was administered. Staff were aware of this and shared it with the inspection team in discussions.

We saw an expressing sexuality care plan and assessment had been developed. This was recommended at an inspection at another of the provider's homes. We saw the plan was in its initial stages of development and primarily was being used as a dignity tool. We again discussed the potential of the plan specifically with people living with dementia who were expressing sexual needs. Again we were assured this plan would develop to meet those needs once identified.

The provider's dementia coach had attended the home and completed assessments on the communication needs of people in the home. This included whether people would benefit from pictorial aids, large print or more verbal explanation of certain information. We saw when suggestions and recommendations had been made these were followed. For example in one person's room we saw information had been added to their supplementary file in large print and in picture form.

We saw when people's needs changed that the assessments were updated and this led to a change in the relevant care plans. For example when one person became primarily nursed in bed their mobility, moving and handling and diet care plans were all updated to reflect the changes. We also saw some care plans had been developed retrospectively to identify support that was already being delivered but the plan had not been developed.

We looked in the complaints file held at the home. We saw a policy and procedure in the front of the file that had been reviewed in January 2017. We also saw a flow chart of the procedure for ease and reference for managers when receiving, investigating and responding to complaints. The complaints procedure was available on the notice boards throughout the home. People in the home and the visitors we spoke with all told us they would know how to and would be comfortable raising a complaint with either staff or the manager.

We saw from the complaints held in the file that they were responded to in line with the procedure. We saw that when actions were proposed from the complaints made that the improvements were shared with the person making the complaint and with staff to ensure they were implemented. This included one complaint where someone had been taken to hospital without an escort. Since that time the procedure had changed and everyone attending hospital would be escorted by an appropriate member of staff.

We saw that one complaint that had been managed by the previous manager had not been completed to the new manager's satisfaction. The new manager had written to the complainant and arranged to meet with them and reopen the investigation. This was concluded and the complainant was happy with the outcome.

Requires Improvement

Is the service well-led?

Our findings

The service had been without a registered manager since April 2017. The deputy manager had acted up into the management position from April to June 2017 when a new manager came to post. The new manager was not registered at the time of the inspection but was registered at the time of writing the report.

The new registered manager has adopted an open and transparent culture within the home both with the staff employed, the people residing at the home and visitors and relatives. This is clear from the minutes of meetings held and from talking to people as part of the inspection.

Since the new manager has come to post everyone we spoke with shared positivity about the future. It is clear there have been some challenges in recent months but the home and provider were seen to be addressing them in a systematic and measured way.

During the inspection we reviewed a selection of all types of records the home used to deliver the regulated activities for which it is registered. It was clear from reviewing the records that there have been a number of recent changes. However, there are still some concerns which may be having an impact on the care and support provided to the people in the home. This includes inconsistencies in records. As mentioned within other sections of this report assessments and dependency tools were not always consistent. We also found that the white board in the main office used to identify people's high level needs was not always reflective of the care plans and was not always consistent of the one page profiles in people's rooms. This was shared with the management team at the time of the inspection and we were assured steps would be taken to address this.

We also looked at the supplementary records held in people's rooms to monitor health and care needs and we found these were not always completed in a format that was conducive of the monitoring requirements. This included food and fluid charts with gaps in them and poor recording of amounts and types of food. Some of the charts recording the dates people had received a bath or shower had not been completed for some months. Topical cream application records which were intermittently completed and positional charts were not completed in line with people's care plans. We also noted there were not any records of the correct settings for pressure relieving mattresses. Staff had recorded no issues when checking this setting but there was no record for them to check the setting against. We noted the supplementary records files should have been signed off daily by the nurse in charge and had not been during the week of the inspection. The same files should have been signed off weekly by senior carers and had not been for some time, some had not been signed off since May 2017.

We reviewed the audits held in the managers monthly audit file and saw there had been gaps in the completion of these prior to July 2017. This had meant that concerns within the delivering of the regulated activity had not been identified or action taken for improvement. We saw the audits completed since July had a number of identified actions for which the completion date had passed, but there was not any information to ascertain if the action had been completed or delayed. We also saw that two audits had not identified concerns and had stated information was in place that was not. For example the medication audit

completed in August 2017 stated, all staff had read and understood the medication policy, the NMC (Nursing and Midwifery Council) administration of medicines good practice guidelines were available and there was a BNF (British National Formulary) available which was less than two years old. This is a book which contains the details of current medicines used. It also stated all staff had received training from the pharmacy on the administration system used by the home and that all staff had been competency tested on the system in the last 12 months. This was not the case.

We also found two occasions where ineffective auditing and monitoring had a direct impact on the care provided to people in the home. We found a number of people did not have access to their call bells and we saw some staff completed moving and handling tasks which were not in line with best practice. This included a new staff member and an agency staff member using the hoist to support someone from the chair to a wheelchair. A permanent and competent member of staff should have been available in this instance.

When contemporaneous notes and records are not complete or accurate in respect of the support required or provided to people it is difficult to measure the benefits of the support provided. When audits and monitoring are not completed effectively there is a risk correct support may not be provided. This is a breach of Regulation 17 (1) (2) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since the last inspection the provider had undergone a restructure and a number of other quality and supportive posts were in place at Senior Leadership Team (SLT) level. This enabled the new manager to be supported by the provider's own internal quality team. Quality visits had been held and a full service review had taken place three weeks prior to the inspection. The details of the review had formed an action plan which the manager and members of the SLT worked through. Internal quality assurance was provided through a weekly telephone conference with the group's director of performance and bi weekly sign of, against progress on the action plan was provided by the operations director. A new role of a peripatetic manager had also been introduced and the week prior to the inspection this person had been in the home supporting the manager with audits.

The new manager had a live manager's file which included any current audits, the supervision details for staff, any current complaints or safeguarding concerns and the latest meeting minutes. The file also contained details of the home's improvement plan and any issues with staff or concerns about people in the home. The manager with the support of the SLT had identified many of the concerns noted within this report and were developing processes and systems to meet shortfalls.

The manager had begun to undertake both resident and staff meetings regularly and it was clear the first of these had been difficult. This open forum had been used for the respective meeting members to be honest around their concerns and where possible to suggest solutions. The next recorded meetings showed us that steps had been taken to address issues as they had arisen.

The home had a set of policies and procedures which were reviewed annually. We saw a system had been set up to introduce the policies to staff and for staff to sign off their understanding of the policy. Only two staff had signed to say they had read and understood the policies. There had been a high staff turnover in recent months and we were assured the policies would be reintroduced to staff as part of the supervisions and team meetings moving forward.

Staff told us they felt supported by the new management team and they felt involved in the developments at the home. Staff felt confident the culture and ethos at the home was more positive and things would

continue to improve. Staff, people in the home and visitors all knew who the new manager was and felt that they were committed to the home moving forward. On the days of the inspection we regularly saw the manager out of their office engaging with the staff and people in the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent Regulation 11 Appropriate formal consent was not always acquired. People's capacity was not always determined to ascertain if they could give consent. Consent was sometimes acquired from people who di dnot have the authority to give it on people's behalf.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12 (2) (g) Medicine records were not accurately kept and risks associated with medicine administration or management were either not assessed or appropriate action was not taken. Audits were inconsistent and procedures were not always clearly defined. Concerns were noted in the recording, administering and monitoring of medicines.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 (1) (2) (b) (c) Contemporaneous notes and records were not always complete or accurate in respect of the support required or provided to people. Audits and monitoring were not completed effectively to identify the concerns and make

improvements.